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ABSTRACT

This second chapter in "The Challenge of Counseling in Middle Schools" presents four articles that deal with family relationships in early adolescence. "Teen-Parent Relationship Enrichment Through Choice Awareness," by Richard Nelson and Marsha Link, describes a process through which counselors may help to enrich relationships between teenagers and their parents. Choice Awareness is discussed, a Choice Awareness workshop process for enriching teenager-parent relationships is described, and outcomes of an experience with the workshop process are reported on a case-by-case basis. "Support Group for Children of Divorce: A Family Life Enrichment Group Model," by Nancy Moore and Margaret Sumner, discusses how social workers from the private, non-profit sector can cooperate with school professionals to serve the concerns of the child whose parents are divorcing. "Substance Abuse and the Family," by John Murphy, views substance abuse as a family disease for which the entire family must receive treatment if the problem is to be treated and reversed. "A Theoretical Rationale for Cross-Cultural Family Counseling," by Miguel Arciniega and Betty Newlon, poses axioms of behavior from Adlerian theory applied to minority families. (NB)

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Chapter 2

The Challenge of Family Relationships in Early Adolescence

As young people begin to seek their own identities, they face the challenge of leaving much of their early dependence on home and family. Parents and family members, however, should continue to provide structure and support during the difficult moments adolescents face in growing away from complete dependence on home. The so-called traditional family, however, has virtually disappeared in America. Divorce, single-parent homes, and step-families are a fact of life confronting youngsters. In the climate of changing families, middle school counselors need to be prepared to help youngsters and their parents understand one another and to work together in making the difficult choices that occur during adolescence. As Richard Nelson and Marsha Link note in the lead article of Chapter 2,

> The special needs and characteristics of adolescents speak loudly for the development of enriched interactions with parents, even as bodily changes and peer pressures create in them a drive toward independence.

Substance abuse is also widespread in families, another difficulty confronting many students. Middle school counselors need to be aware of dysfunctional aspects of students' families in order to develop

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counseling strategies and guidance programs that help young adolescents find themselves. As John Murphy states in his article in Chapter 2,

> The consequences of not treating a family that has become dysfunctional by the substance abuse of a family member can be disastrous for that family, the chemically dependent individual, or both. . . . The dysfunctional family is usually unable to accomplish the most basic of family tasks without considerable difficulty and upheaval.

Finally, and perhaps most important, counselors need to be aware of cultural differences that students bring from their homes into middle school life and into the search for personal identities. This chapter presents counselors with the implications of family diversity for developing effective middle school guidance programs.

Teen-Parent Relationship Enrichment Through Choice Awareness

Richard C. Nelson
Marsha D. Link

Since 1973 the Choice Awareness system has been applied to a variety of populations. To the present, outcome data resulting from Choice Awareness experiences suggest that as a result of their exploration of this system elementary school children have made more and better choices (Nelson, 1980; Zimmerman, 1979), married couples have gained in a number of variables involved in their relationships (Fenell, Shertzer, & Nelson, 1981; Friest, 1978; Nelson & Friest, 1980), and CETA participants have come to see themselves as choosers (Nelson, 1981). These successes have encouraged the writers to ask whether or not there is value in using the concepts of Choice Awareness to improve relationships between teens and their parents.

The special needs and characteristics of adolescents speak loudly for the development of enriched interactions with parents, even as bodily changes and peer pressures create in them a drive toward independence. Enhanced teen–parent relationships and increased individuality are not mutually exclusive goals. On the contrary, it is likely that a high proportion of mentally healthy, individualistic adults benefited from open dialogue with their parent in their teenage years. Teens too seldom really talk about their needs for independence; parents too seldom share their concerns and hopes for their teenagers; and these matters may be discussed only in the heat of conflict. Furthermore, effective personality development for teens, and positive self-image development for adults in the area of parenting, depend at least in part on the teen-parent relationship.

Effectiveness in close relationships of all kinds involves such elements as maintenance of communication links; development of trust; mutual sharing of joys, fears, aspirations, and successes; and willingness to make changes in interpersonal choice patterns when the situation demands them. Relationships between a great number of teens and their parents are woefully inadequate in these characteristics; however, it

seems likely that appropriate intensive experiences might set many of these relationships in motion in new directions.

Relationship enhancement efforts in the past have been focused primarily on the institution of marriage. Communication-based enrichment approaches have included Marriage Encounter (Gallagher, 1975; Genovese, 1975; Regula, 1975), and the Minnesota Couples Communication Program (Nunnally, Miller, & Wackman, 1975); other approaches have focused on teaching partners behavioral learning approaches (Tsoi-Hoshmand, 1976). A more general cognitive-affective-behavioral relationship enrichment approach based on Choice Awareness theory (Fenell, 1979; Friest, 1978; Nelson & Friest, 1980) has been used recently. Research on the effectiveness of these relationship enrichment processes has yielded inconsistent findings; however, self-report data and the continued growth of these programs indicate that many people strongly desire experiences that may enable them to grow within their significant relationships.

The purpose of this paper is to describe a process through which counselors may help to enrich relationships between teens and their parents. To this end, the system called Choice Awareness is discussed, a Choice Awareness workshop process for enriching teen–parent relationships is described, and outcomes of an experience with the workshop process are reported on a case-by-case basis. Perhaps this initial effort will spur professionals to give further consideration to Choice Awareness as a process for enhancing this significant relationship.

The Choice Awareness System

Choice Awareness is a system designed to help individuals make more constructive cognitive, affective, and behavioral choices. In the Choice Awareness system, the term *choice* is defined simply as any behavior over which persons have some reasonable degree of control. Thus, what we say, nearly all that we do, most of our facial expressions and gestures, and many of our feelings are choices.

Choice Awareness workshops present this system through a structured group process in which pairs of individuals, in this instance parents and teenagers, work together to enrich their relationships. The 16 basic concepts of Choice Awareness are developed through the workshop process; these concepts enable group members to explore their interactions, to examine alternatives, and to try out new choices. In the following

paragraphs the concepts are listed and briefly related to teens and their parents.

We make many choices. Teens and parents need to understand that they make many interactive choices daily and should accept responsibility for their words and actions.

In each choice we have many options. Parents and teenagers may be helped to understand that they can exercise nearly every choice in a great variety of ways, and to practice making the kinds of choices that will contribute positively to their relationship.

We have an instant to choose. Choice Awareness helps parents and teenagers understand that after a stimulus confronts them they have a brief moment in which to choose their response; and in that moment they can bring their choice under their own control.

Our relationships affect our choices. Many teens and parents allow their relationships to become unnecessarily habitual, acting in stereotypical ways because "he's my dad," or "she's my daughter." Relationship enrichment can expand the range of choices for both individuals.

Our goals affect our relationships. Instead of acting on their long-range goal of closeness and warmth, many teens and parents focus on immediate annoyances, acting on short-range goals. They each need to learn to make the kinds of positive choices they wish to receive; that is, to send warmth and love and care if they hope to experience those choices from one another.

Our choices may be OK or OD. One way of looking at choices is to consider them either as OK or OD. Some OK choices are minor: saying good morning, taking out the trash, cleaning up. Other OK choices are major: a hug, a very positive compliment, a helpful action. For choices to be truly OK they must be acceptable to both sender and receiver. OD choices, on the other hand, are those that are overdone, as in cooking; an overdose, as in drug use; or an overdraft, as in banking. Some OD choices are minor: not listening, a thoughtless comment. Other OD choices are major: a scolding, a shout, a slap, or biting criticism. Parents and teenagers generally need to increase their OK choices and reduce their OD choices with one another, and most can do so if they commit themselves to improved relationships.

We have five kinds of choices. Another way of looking at choices is to consider the five categories that form the heart of the Choice Awareness system. Nearly all choices can be classified as Caring, Ruling, Enjoying, Sorrowing, Thinking/Working, or some combination of these. The acronym CREST is useful as a reminder of the five choices. Choices

may overlap, and the same behavior under different circumstances may be classified in different ways. A hug is a caring choice if it responds to a need; it is an enjoying choice if given spontaneously and freely.

1. *We make Caring choices.* Caring includes choices that are designed to be helpful; they range from holding, reflecting feelings, and guiding, to guarding and defending. Most parents and teenagers need to develop more skill in initiating and responding to caring choices in ways that strengthen the relationship.

2. *We make Ruling choices.* Ruling choices demonstrate leadership: from requesting, suggesting, and asserting, to ordering, scolding, and forbidding. Most parents need to learn to reduce the frequency of their OD ruling choices, while most teens could learn to make more OK self-ruling choices.

3. *We make Enjoying choices.* Enjoying includes such choices as acting in fun, being joyful, loving, creating, and teasing. Teens and parents may think of enjoying choices as events and forget how little time it takes to give a compliment, smile, touch someone, or say, "You made my day."

4. *We make Sorrowing choices.* Sorrowing includes being sad, worrying, feeling hurt, crying, even being angry, and fighting. It is a tenet of Choice Awareness that we will do something with the sadnesses we encounter so frequently in our daily lives. If we do not find OK ways to handle our hurts, we may externalize them through meanness or internalize them and exhibit miserableness. Parents and teenagers alike often try to hide their sadnesses from the other, but the hurt or trouble affects the relationship anyway, and both should learn effective ways in which they might make their sorrows explicit.

5. *We make Thinking/Working choices.* Thinking/Working choices range from wondering, considering, asking or answering questions, planning, and doing, to intellectualizing, procrastinating, and redoing. Parents and teenagers need to develop skill in making OK thinking/working choices and in balancing these suitably with enjoying, caring, ruling, and sorrowing choices.

We can choose to listen, give feedback, and get involved. Parents and teenagers can be helped to enrich their relationships by improving their skills in listening, giving feedback, and demonstrating involvement: the thoughtful and active sharing of ideas, feelings, hopes, and fears.

We influence consequences. Parents and teens alike may deny responsibility for their actions, saying: "I have no other choice. They [You] made me do it" [forced me to this action]. Both need to consider

the consequences of their behaviors and to be deliberate about attempting to influence consequences positively.

We choose our feelings in the moment. We are complex creatures. Our feelings are often complicated. A person's actions may seem to make us furious, but the very fact that we are furious shows that we care about that person. When a teenager is very late coming home, the parent may feel concerned, frustrated, annoyed, disappointed, angry, and, in the moment of the child's arrival, relieved. Both can learn that their feelings do not control their choices; both can learn to choose more often to act on their positive feelings with one another.

We choose how we feel about ourselves and others. We can continue to assume or assign to others old labels from long ago: clever, slow, bossy, helpful, tomboy, sissy, bully. Teenagers and parents need to acknowledge the importance of each to the other and to do what they can to help one another take on positive labels.

Choice Awareness and the Teen-Parent Workshop Process

The objectives of using Choice Awareness with teenagers and parents are to help each person explore the choices he or she is making, to develop a broader range of choice-making behaviors, and to foster improved understanding and communication between parents and teens. Members of the contemporary American family seem less and less to do things together as a unit: Each goes his or her separate way, each is involved in myriad individual activities. Some families are so busy that they jokingly say they need to schedule time to see each other, not to mention arranging extended time together. Especially in the teen years, when there are many developmental issues facing adults and adolescents, finding quality time for face-to-face, uninterrupted interaction and communication is important and necessary for both. Participation in Choice Awareness workshops can provide a setting for teens and parents to spend quality time together so that they might enhance their relationships. Single parent and two-parent family units alike can benefit from these relationship-building experiences.

Choice Awareness relationship enrichment workshops are organized in 16 one- to two-hour sessions, held over a number of weeks in an intensive group experience, or in a number of other scheduling arrangements. Content materials and structured activities are presented

through the *Choice Awareness Workshops Guidebook* (Nelson, 1979a), the *Choice Awareness Workshops Leader Manual* (Nelson, 1979b), and the *Choice Awareness Workshops Audiotapes* (Nelson, 1979c), which are played during the workshop session. These materials can be supplemented through the use of the book *Choosing a Better Way to Live* (Nelson, 1977).

A step-by-step workshop process is presented in the materials specified above. Workshop leaders are afforded a variety of activities from which they may choose. Suggestions for a typical session might be as follows:

1. **Warm-up activity.** Conduct an activity as a means of encouraging participation, following up the previous concept, or setting the stage for the concept to be developed in the current session. Example: In Session 7, "A Variety of Responses" calls for one group member to leave the room, then return; the other (or others) then demonstrates the variety of things they can say to a person who has just arrived.
2. **Follow-up.** Take time for sharing observations, successes, and failures in applying the Choice Awareness ideas developed in previous sessions.
3. **Audio presentation.** Play a two- to five-minute tape segment to present the next context for consideration.
4. **Goal, key points, reactions.** Call attention to the goal for the session, review the key points on the tape, and provide a brief period for members to make any notes they might wish to write in their guidebook.
5. **Initial activity.** Direct the group members to the initial activity and have members complete it, then discuss it. Example: In Session 7, CREST Goals, members are asked to mark the CREST choice they would like to make more often, and the one they would like to make less often with their partner, and to explain why for each choice circled.
6. **Additional activities.** As time permits, complete additional activities and leave others for partners to complete on their own.
7. **Recycling with new content.** Repeat Steps 3, 4, 5, and 6 on the basis of the new content presented in the second tape segment. In some sessions a third segment is also presented.
8. **Change of pace activity.** In each session an activity is available for use at any time when the atmosphere needs to be changed. Example: In Session 7, CREST Cube, members throw a cube marked C.R.E.S.T., or CREST on each of the six sides. They demonstrate their developing understanding of the CREST choices by making a choice of the kind that

appears on top of the cube. If CREST appears they may make any of the five choices and label it.

9. **Five minutes a day.** Encourage workshop members to spend at least five minutes a day in discussing an idea presented, in continuing or starting an activity from the guidebook, or in some other way continuing toward their goals for the relationship.

10. **Closing activities.** Note the goal for the session and ask members to indicate whether they are beginning to make progress toward it. Clarify suggestions made during practice sessions; use change of pace activity if not completed previously; allow for expression of "now" feelings; and take care of any unfinished business. These activities are designed to leave members feeling good about the group and to encourage them to apply what they are learning outside the workshop session.

Through the workshop experiences, teens and parents are encouraged to explore their relationships specifically and positively, in a setting in which they may be assisted in interacting more effectively. The focus of the sessions is on interactions between the teen and parent; however, the group process may contribute in at least three ways: individuals are helped to see that others experience similar concerns, members frequently learn specific and valuable approaches from their peers, and the leader is able to monitor progress while serving a number of families simultaneously.

A Choice Awareness Workshop Experience with Teens and Parents

The particular teen-parent Choice Awareness group described here consisted of six persons: three pairs of parents and teenagers, plus a leader, who met for seven weekly 3-hour sessions. All of the teens were male; all the parents were female. The three pairs were from a middle class community in Southern California.

Following is a description of each parent–teen pair, their objectives for the group experience, and their comments regarding the gains made. Included also is material abstracted from their feedback about the workshop.

At the time of the workshop Don was 13, his mother Terry in her mid-30s. Terry's interest in participating in the workshop was to increase communication between herself and her son; Don willingly participated

in the experience, although initially he had no clearly defined objective for himself.

Both Don and Terry were struggling with Don's newly found independence and Don often interpreted his mother's choices as OD ruling, dictatorial, and domineering. A case in point was Don's desire to attend an X-rated movie. Don perceived his mother as making her habitual OD choice in the matter. Through the workshop activities and group discussion, Don and Terry learned that other parents and teenagers experience similar conflicts, that the issues are not always as simple as they may seem at first, and that they could find alternative choices to make. They both learned to make choices not based solely on habit.

In an activity dealing with habits, Don remarked that he liked the fact that his mother cares for him, but disliked her habit of displaying affection through hugging and kissing. Terry, a very demonstrative person, did not realize Don felt so strongly about this. In fact, Don wished for an alternative means of expressing caring, mainly through spending private time together. He felt troubled because his sisters, one younger and one older, had much more opportunity to be with his mother than he did. He sometimes thought that his mother favored the girls. He expressed a desire to spend some time alone with his mother, without interference from his sisters. Together, Terry and Don planned specific times to spend with each other, quality time in which caring for and enjoying each other's company could be demonstrated to the satisfaction of both. In the feedback section Terry wrote, "I'm sure I will be more conscious of all my CREST choices!...My partner wanted more private time together and I feel I have made an honest attempt to supply this." Don indicated that the workshop helped him to identify different kinds of choices and to make better choices.

Another teen-parent pair was Sandy and Jane. Jane was in her mid-30s and Sandy was 15 years old and the eldest of three children. The two younger siblings are both girls. Jane and Sandy each hoped that the workshop experience would bring them closer together. Beginning in Session 1 of the workshop, Sandy and Jane both worked on improving their thinking/working choices as a way of reducing conflict. Specific problem areas included eating habits, study routines, and household chores. The initial activity in Session 1 in the guidebook, in which each person drew a cartoon to depict his or her early morning behavior, led Sandy and Jane to a discussion about their conflict over breakfast. Jane perceived Sandy's choice as eating "junk food"; Sandy stated a dislike for the food his mother prepared. By the end of the session, Sandy and

Jane negotiated a plan for Sandy to cook his own food two mornings a week and eat what the family eats on the other mornings. At the end of Session 7 they both reported that the breakfast concern no longer existed and that the plan continued to be effective.

Sandy, a busy teenager, often seemed to have difficulty finding time for some of his responsibilities. Both his parents thought Sandy procrastinated and misjudged the amount of time needed for studying and for household chores, and conflict often existed between them and Sandy. Through the Choice Awareness process, Sandy and Jane made plans for more effective working choices. One result was that Sandy made more constructive choices in situations at home and in the relationship with both parents as well. Even though only one parent and teenager participated in this workshop setting, there was evidence of benefit to the relationship of the teen and the nonparticipating parent.

As a result of the workshop process Sandy and Jane became closer, and each reported that the group experience seemed to draw the whole family together. Among Sandy's comments were the following:

> The experience brought my Mother and me closer together. One of the major strengths of the workshop was that it got me thinking about things that I never really thought about before.

Jan evidenced her own interpersonal and intrapersonal growth when she wrote:

> I made some definite changes in the way I approach my son with regard to OD caring and OD ruling choices. I really felt that my relationship with my son was enriched by these sessions. I also became very much aware of the choices [or control] I have over my relationship with others in my family, my friends, or even people I bump into on the street.

The third teen-parent pair was Isaac, age 18, and Esther, his aunt and guardian, a woman in her late 30s. Isaac is from Jerusalem and had been in this country for 1-1/2 years. He had lived with his aunt and her family since that time, but still had many cultural, social, and educational adjustments to make. He worked on accepting and expressing sorrowing choices and increasing his enjoying choices. Esther worked toward decreasing the frequency of her ruling choices with Isaac in an effort to allow him to make his own self-ruling choices.

While Isaac was perhaps the least verbal member of the group, he participated fully. He became aware of his negative feelings and his

inability to express them. In an activity in the guidebook entitled *Negative Feelings I Choose*, he became aware of the negative feelings that were influencing current situations. The leader and group members encouraged him to express his feelings and his aunt assured him that he would not offend her if he did so.

Isaac also spent time learning to increase his frequency of enjoying choices, since he experienced difficulty in initiating contact with others beyond an initial "hello." Although Isaac's feedback form indicated he probably would not use Choice Awareness concepts frequently in his everyday life, on a day some time after the group ended, he called the leader on the phone to ask about another matter and shared the pleasure he felt as a result of making enjoying choices. He had decided to go skiing with some friends over the weekend. For Isaac that was a major breakthrough!

Both Isaac and Esther indicated that they had achieved their objectives as a result of the workshop experience. Esther's written comments included the following:

> Choice Awareness is a good way to gain some personal insight in general and the way to improve communication with your partner in particular. It has a no-nonsense, common sense approach that I like.

Some general comments related to the format of this particular parent-teen Choice Awareness workshop were:

1. More time was needed in general; seven 3-hour sessions seemed too short.
2. All participants felt that the group experiences and discussions were extremely beneficial and wished for more. This was interesting in the light of an initial preference stated by members for dyadic activities.
3. The participants' reactions to being asked to write their feelings and observations in the guidebook were mixed. Some liked it, others did not.
4. Group members described the Choice Awareness concepts and materials as being new to them, but significant, relevant, helpful, clear, and concise.
5. All participants indicated that overall the workshop was growth-producing.

Summary

Choice Awareness is a cognitive, affective, and behavioral system that goes beyond both communication training and behavioral contracting in enriching the teen-parent relationship. The Choice Awareness workshop format provides a means for participants to explore their relationship in some depth in a constructive group atmosphere. Each participant in the workshop who is described in this paper not only learned to use the theory and language of Choice Awareness, but made positive changes and realized growth in the relationship with his or her partner. It is clear from this experience that Choice Awareness workshops can be used effectively for the enrichment of teen-parent relationships.

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Support Group for Children of Divorce: A Family Life Enrichment Group Model

Nancy E. Moore
Margaret G. Sumner

The high incidence of divorce has a serious impact on adults and children. The statistics of divorce in this country are familiar to everyone. Nearly one in two marriages end in divorce each year. It is estimated that more than 45% of today's children under 18 will spend some of their lives in a single-parent family, due primarily to divorce. Statistics only begin to reflect the devastating impact the marital disruption has on each family member. During the divorce process, both parents and children are bombarded by a wide range of feelings, including isolation, hurt, anger and guilt. It is a time when family members may have difficulty communicating with each other or completing even the simplest task. Relationships with others may become tenuous and demand extraordinary effort to maintain, particularly for people in such a vulnerable state. Due to this, divorce has been called "crazy time" by those who have gone through the process.

Traditionally, divorce has been recognized as a crisis for adults and many services exist to meet their special needs at this time. While its impact on children has been acknowledged, few services have been developed to specifically address youngsters' needs at the time of their parents' divorce.

Approximately half of the children experiencing divorce have school problems resulting from home problems. While the remainder do not exhibit long-term adjustment problems affecting school performance, they generally experience the same painful feelings of anger, confusion, betrayal and isolation as their counterparts. Few services have been available to all of these children to help them deal with the trauma relating to their parents' divorce.

Parents participating in educational and support groups on separation/divorce and parenting children of divorce at a family service agency recognized the lack of similar support services for their children and

requested a group be offered to them. School personnel also indicated a growing need for help with this segment of their student population.

In response to this need, a structured, short-term group has been designed to enable children whose parents are in the process of divorce, or already divorced, to meet other children in similar circumstances, to recognize they are not alone, to express their feelings relating to their parents' divorce, and to identify an adult from whom they can seek ongoing help. This group was initially offered at a social service agency but this setting was found to be too isolated from the rest of the child's life. Now the group is held in the school environment which is a more conducive setting for enabling the children to fulfill their needs.

The group is designed to be an enjoyable experience as well as a supportive and educational one. This is achieved through stories, games, role play, drawing activities and discussion. The members learn how to express their feelings in a safe neutral environment, learn coping skills, skills to express themselves to others, and develop ongoing contact with peers in the group as well as with the school professional acting as facilitator.

The designers of the group, social workers in the family life enrichment department of a family service agency, developed a training program for school personnel in the use of the model so that the curriculum can be used in a wide number of school districts. So that each district receives the full benefit of the training provided, each workshop member is expected to train at least one other school professional. In this way, the training is passed on so that many children can benefit from any one training session.

This paper will discuss how social workers from the private, nonprofit sector can cooperate with school professionals to serve the concerns of the child whose parents are divorcing.

The group's curriculum will be presented and descriptive material from children attending the group as well as comments from workshop participants will illustrate how the curriculum addresses the needs of children of divorce and enables them to function better in school.

Program Description

Due to the large numbers of people affected locally by divorce, two of the most popular groups offered by the Family Life Enrichment program at Child & Family Services, Inc., Hartford, Connecticut for the past eight

years have been for individuals who are separated and/or are in the process of obtaining a divorce and for parents who want to better understand the effects of divorce on their children and want to learn ways to better deal with these effects. Approximately 650 adults have been served in these two groups. Many of the members who were parents found the groups helpful, and requested that a group be offered for their children. Teachers and social workers reinforced the idea that services were needed for the children they worked with, who were experiencing divorce in their families. To respond to these requests, the authors of this paper collaborated with a child therapist in the agency's child guidance clinic to develop a curriculum, *Children of Divorce*, for a time-limited structured group for children which focused on the issues of separation and divorce. (See Appendix A.)

The first group was given at the agency for six boys ages 9–11, whose mothers had been participants in our divorce groups. While the group experience was described as positive by members, parents and leaders, the one drawback observed was that it was not possible for the boys to continue the relationships established within the group because they lived in different towns. Since ongoing support was intended to be one of the benefits for the participants, it was obvious that this issue needed to be addressed in any future groups. The most effective way to accomplish this was to offer the groups in school settings where children could continue contact with others they met in similar situations. In addition, in the school-based groups, members would have the opportunity to establish rapport with the school professional who led the group. This would facilitate future contacts between student and leader, who would be available when the student felt the need for some individual support or when the leader noted some area in which the student might need help.

Pilot groups in two elementary schools and one middle school were arranged through the auspices of the social work consultant for the Connecticut Department of Education; the authors co-led groups with school social workers in three different school systems. The original premise that the group members would benefit from having the opportunity to make friends with others in the same situation was borne out by observing the children having interaction with other group members at different times of the day. In addition, the school social workers in several instances were available both to reach out to some who needed it and to help in specific individual situations after the group had ended.

Having received positive feedback from the school social workers, other school personnel, and the children, the next step was to determine how best to make the curriculum available to as many schools as possible, to benefit the greatest number of children. Again, the social work consultant became the intermediary, writing a proposal for the curriculum *Children of Divorce* to be used as a model for training school professionals throughout the state. An expectation of those participating in the workshop series was that each person would in turn co-lead the group with someone else in his/her school system so there would be a statewide ripple effect of those trained in the use of the model, dissemination of the curriculum, and ultimately in the number of children served. To date, approximately 140 school social workers, psychologists, guidance counselors, nurses, and other school professionals have participated in the training workshops.

Model

The theoretical framework for this group is based on the model used for the adult Family Life Enrichment workshops. Family Life Enrichment is defined as a supportive group process that combines experiential and didactic learning with mental health concepts of recognizing and utilizing feelings to build and refine life skills. The time and emphasis of the group is divided equally among three focal points, facts, feelings, and experiential exercises, each building on the other in an interrelated fashion.

Children experiencing divorce deal with some of the same issues faced by their parents, as well as other issues unique to them. This model addresses a number of the children's concerns by: recognizing the wide range of feelings experienced by the children, demonstrating the "normalcy" of these feelings for this particular time in their lives, teaching ways to express these feelings, providing support for those who feel isolated and different, recognizing changes in the family structure, and helping members to accept this as reality.

Starting the Group Within a School System

This group is appropriate primarily for children who currently and/or previously have been within a normal developmental range, with good peer relationships, minimal amounts of anxiety, and stable academic

functioning, but who may also have episodic feelings of being out of control and may think they are going "crazy" because of the divorce situation. The group is not appropriate for children who have two or more of the following characteristics: excessive need for individual attention, too much aggression, difficulty sticking with a task to completion, difficulty following a thought (so that thoughts become tangential), or poor reality testing. If the group includes a child who is clearly not appropriate, the other group members may be reinforced in their doubts about their own normalcy.

Another important consideration in the composition of the group is the need to minimize differences of any outstanding characteristic such as race, sex, or age. Such differences only intensify the members' feelings of being atypical.

While groups are often formed by social workers identifying appropriate children from their case loads, recruitment can take other forms: teachers can be requested to provide referrals; or announcements or letters to all parents can publicize the group, often providing referrals from parents who have not previously identified themselves as being divorced or separated. In all referrals, parents must be notified of the group and their permission obtained before their child can be invited to join. Once the leader makes known the availability of the group, there generally is little difficulty in filling it with the recommended maximum of six children. Rather, as children and parents learn of its existence, there tends to be a waiting list.

Scheduling is one of the key problems in establishing the group, as time is always a limiting factor. The group is designed to run for six sessions of 75 minutes each, but due to the realities of school systems, that time frame may need to be altered. A number of variations are possible. This group has been given over the lunch hour with extended time granted by teachers, during last period when optional subjects are often scheduled, after school when most children can walk home, at a latch-key after-school program, and before school. The curriculum is offered as a model for leaders to use as a guideline, to adapt and to use in whatever time-frame is available. For example, if each session is shortened, the total number might be extended. When the leader has determined a convenient timetable, it should be announced prior to starting the group and the schedule maintained for that series. Doing so provides a consistent structure for the members.

When the idea of groups for children experiencing divorce in their families was first proposed, it met with resistance from some school

administrators and parents. Administrators' concerns were that schools should focus on academics, while parents had questions about discussing private family matters in a school setting. This occurred in spite of the fact that school social workers and teachers dealt with these issues daily when children shared their concerns at school. To help deal with these concerns, school staff had frequently requested consultation on this matter. With a curriculum in hand, the potential group leaders were able to dispel many of the major concerns of administrators and parents. In addition, when the initial groups were designated as a pilot project, the group members' enthusiasm and the teachers' positive feedback did a great deal to insure the success of the program. Teachers observed that children who had been performing poorly in the classroom often showed marked improvement after participating in *Children of Divorce* where they were able to address some of their personal issues in a safe environment. After three years of offering this program to school personnel on a statewide basis, who, in turn, are offering it in their own school systems, it appears to be widely accepted by everyone concerned.

The development of a trusting relationship between leader and children begins during the recruitment process and continues throughout the period the group meets and afterward. Prior to the start of the group, an important role of the leader is that of introducing potential members to the idea of the group and assessing their appropriateness for the group. Essential to this process are individual interviews which attempt to lower the anxiety that the child may feel about coming to the group. As he/she meets the leader, sees the room where the group will take place, gets some concrete understanding of what will happen in the group and how the group will be run, the child's fantasies begin to dissipate and his/her integration into the group becomes easier. During this brief session (15–20 minutes), the leader can also begin to assess the child's motivation, how much and what he/she wants out of the group for him/herself and how much is pushed by the parent, what the child's interests are, what the child likes to do, what things will be fun for him/her in the group, how appropriate the child is for the group, and his/her ability to relate to others. Finally, the leader can provide information to the child regarding the length, frequency, dates, and content of group meetings, as well as deal with the child's resistances to coming.

The leader can gain an understanding of how the child feels about the group by asking such questions as: How did you hear about this group? How did you feel about coming to the group? What made you decide to come? What are you hoping to gain? What will you miss out on by

coming? During the interview, the leader should note how the child's thoughts relate to each other, whether or not his/her anxiety level goes down as the interview proceeds, and how the child relates to the interviewer.

The role of the leader in the group is one of a facilitator, enabling members to make connections with each other, to express feelings, and to master skills for coping. The leader helps the members recognize that in divorcing families there are many similarities of feelings and experiences, but the leader also acknowledges the uniqueness of each family's situation.

While many leaders prefer to do the group alone, certain advantages accrue from co-leading. Co-leaders can react to and learn from each other, more time can be spent observing and responding to group members, and co-leadership is helpful to someone with no previous group leadership experience. There are also disadvantages: co-leadership may not be practical or possible due to time and staff constraints, the relationship between leader and children may be diluted, styles and personality may not be complimentary, and extra time needs to be allocated for planning. These considerations need to be weighed in determining whether or not to co-lead.

Content

Children of Divorce is designed to be highly visual. When the children enter the meeting room for the initial session, the walls will be bare. As art work is completed, it should be hung on the walls. (A useful technique is to hang paper for drawings on the wall, then have the children use the wall as an easel). Games with visual components are also left on the wall after they have been used in a session. This growing accumulation of visuals fosters group cohesiveness by changing a previously barren room into the group's own room, and fosters a sense of group history by allowing members to view quickly what they have discussed and accomplished over the life of the group. The less movement there is from room to room the better.

Each session involves a variety of activities reflecting the divorce experience of the child's family. While a variety of activities is essential to maintain high interest, the structure of the group should remain consistent. Therefore, the group is designed so that one activity involves something that the child does alone and then shares with other members, and at least one activity is done with the total group.

This assortment of activities includes games, role-playing, drawings, stories, sculpting, writing, and discussion. Each was developed for the curriculum as a specific way to help children cope with the separation/divorce in their families, the feelings they have about it, the changes it has brought into their lives, and their need to communicate with others about it.

An illustration of how an activity helps children explore their feelings and the changes in their lives is in the use of books and/or movies. When children see their own feelings and experiences in print or on film, their feelings are validated and their experiences are normalized. The difficulty in using these audio-visual aids is that many of them portray idealized situations in which parents are shown always putting the best interests of the child before all else. This is often different from what group members are experiencing. The value of using books and films comes from the fact that similarities and differences between the children's situations and those portrayed fictionally can be used as a focus for discussion. This, in turn, often highlights the many similarities between their own concerns and those of other members, resulting in increased group support and cohesiveness and increased feelings of normalcy.

An example of how communication skills are taught is in the use of an art project in which the group members draw two people they know well, one with whom they can talk comfortably, and one with whom they would like to be able to talk more easily. Children then are encouraged to identify the communication skills used with the first person in order to utilize them in breaking down the communication barriers with the second person.

One technique is used throughout all the sessions to focus on the central issues of separation and loss in the children's lives. This is a calendar, used at the beginning and end of each session to remind the children how many sessions remain. This emphasizes the aspect of endings which parallels their struggles within their families. Other activities included in this model also enable the children to express feelings, master skills for coping, and make connections with each other while focusing on the issue of divorce in their families.

Adaptations

Although this curriculum was designed principally for groups of children in the fourth, fifth, and sixth grades, there have been a variety of

adaptations for use with different age levels. With younger children there is more of an emphasis on stories, drawings, and games and less on activities requiring reading and writing. For older children verbal activities and audio-visual materials are accentuated. Another adaptation has been to use many of the activities in individual work with children. This has been found to be an effective way of enabling a reticent child to begin discussing concerns and feelings about his/her parents' marital disruption. Parts of the curriculum have also been used with children, either in groups or individually, who are not facing the divorce of parents, but who could benefit from learning the communication skills and how to identify and express feelings.

This model for group work with children affected by divorce achieves its effectiveness for a variety of reasons: it enlists professionals already working with children in a congenial setting; it presents a focused and coherent curriculum; it recognizes the value of emotional concerns and reactions; and it takes cognizance of the realities of group process in starting and running the groups. The model has the added advantage of flexibility. It can be adapted to a variety of ages, settings, and problem definitions. As one response to the needs of children involved in the divorce process, it provides for the amelioration of negative effects and builds strengths that facilitate coping.

Appendix A

The Training and Consultation Institute of Family Life Enrichment

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For further information on the Training Workshop for *Children of Divorce* and other Family Life Enrichment training and consultation programs contact:

Margaret G. Sumner, A.C.S.W., Director
The Training and Consultation Institute
Child & Family Services, Inc.
1680 Albany Avenue
Hartford, CT 06105 Tel. (203) 236-4511

Substance Abuse and the Family

John P. Murphy

The consequences of not treating a family that has become dysfunctional by the substance abuse of a family member can be disastrous for that family, the chemically dependent individual, or both. If the chemically dependent member returns to a family system that, through lack of treatment, remains dysfunctional and chaotic, he or she will be faced with two choices: (1) to return to abusive drinking or drug use or (2) to leave the family. These choices may seem extreme, but these are the alternatives available to the chemically dependent person who tries to return to an untreated family.

Functional Versus Dysfunctional Families

Any examination of a family system suffering from chemical dependency should begin by contrasting this system with a healthy, functional, family system. At the positive end of the family continuum are the nurturing or optimal families. These families, as characterized by Lewis (1981), enjoy high levels of closeness, as well as considerable individuality for various family members. Clear communication exists, and verbal invasiveness is kept to a minimum. The parents share power. The family outlook is optimistic and warm and encourages the expression of feelings. The family exists mostly problem-free. When conflicts arise, they are handled quickly and openly, using negotiation as the primary problem-solving technique.

Below the nurturing family on the continuum, but still within the confines of "normality," are the families of lesser competence (Lewis, 1981). These families may seem healthy and are as effective as optimal families in providing support for family members. There is still security and love, but on occasion, complaints may occur concerning remoteness of a family member, particularly the husband/father. Wives may suffer from depression or anxiety. Family strengths include investment in children, allowance for individuality, clear communication, and

reasonably effective problem solving. Levels of closeness may be moderate to low, and there is less expression of optimism and warmth.

At the lower end of the continuum are the dysfunctional families. There are two basic types of dysfunctional families: the dominant-submissive and the chronically conflicted (Lewis, 1981). These are the types of families that may suffer from chemical dependency and whose members may attempt to escape from pain by assuming maladaptive roles.

Control is assumed by one parent in the dominant-submissive family system. The other parent assumes a passive, child-like role. The submissive parent may resent powerlessness and respond with passive-aggressive behaviors or with covert support of the acting out of a rebellious child. Children may also seem inhibited, affectively muted, and subdued. Closeness is minimal. Problem solving is the prerogative of the dominant parent, with little concern for the wishes of other family members. The family mood is characterized by lack of enthusiasm and depression. There is usually little overt friction between parents because of the complementary roles, however.

The chronically conflicted family is identified by unceasing conflict between the parents for dominance and power. Every decision, no matter how minor, becomes a crisis and a struggle for control. Family members relate to each other via manipulative behavior prompted by survival. When the family dysfunction becomes acutely severe, the family system is totally chaotic. Family members perceive their environment as dangerous and hostile. Communication is minimal, problems are denied, and the family mood is hopeless and cynical.

The dysfunctional family is usually unable to accomplish the most basic of family tasks without considerable difficulty and upheaval. Domestic violence, particularly battering by the husband/father, may occur.

Dysfunctional Family Phases

The dysfunctional family with a member suffering from substance abuse will progress through four phases. These phases, identified by the Johnson Institute (1979), are (1) the learning phase, (2) the seeking phase, (3) the harmful phase, and (4) the escape phase.

Family members experiment with various defensive behaviors in the learning phase, to learn what works best for them in times of stress or

crisis. They may not identify chemical dependency as the cause of family unrest, but they do realize that stress is present and that they need something to defend themselves against it.

In the **seeking** phase, the family begins asking "What is the problem?" and may look for solutions. Members may begin to suspect that the substance abuse is part of the problem but may also quickly rationalize away this position and unite in a process of family denial. By so doing, they avoid confronting the problem and allow the substance abuse to progress.

The **harmful** phase witnesses the family's behavior becoming compulsive and defensive. The defensive behavior may result in individual family members assuming maladaptive roles and identifying these roles as necessary for survival in this painful family system. These roles are harmful and destructive. The family may accept this way of living as "normal" until the pain becomes unbearable.

Then family members may begin looking for ways of escape, moving logically to the **escape** phase. When family members finally arrive at this point, where they are emotionally exhausted and all their efforts have failed, they may leave. If the wife is the substance abuser, the husband and children may reorganize as a family unit, excluding her. They may take with them, however, a number of unhealthy emotions that were used as defenses in their maladaptive roles acquired for survival prior to the time the escape phase occurred and the family disintegrated.

Emotions Found in Dysfunctional Families

Before examining various maladaptive family roles, it is useful to identify some of the emotions family members may experience in these roles, including:

1. **Fear.** Family members are afraid of continuing arguments, loss of income, domestic violence, and general family disruption.
2. **Anger.** Family members are angry with the substance abuser because of what he or she is doing to them.
3. **Shame.** The substance abuser's actions embarrass the family.
4. **Guilt.** Family members blame themselves and each other for their painful experiences.

5. **Resentment.** Family members resent having to live these painful experiences.
6. **Powerlessness and inadequacy.** No matter what the family members do, the substance abuser continues to abuse.
7. **Fragility.** Family members may be extremely vulnerable and unable to withstand one more traumatic event.
8. **Loneliness and isolation.** There is a breakdown in normal family communication. Family members may be too ashamed to develop relationships outside the home.
9. **Insecurity.** The family is unable to furnish its members the usual love and warmth experienced in the normal family.
10. **Confusion.** Children particularly may not be able to identify a sense of self or an appropriate role.
11. **Rejection.** In a dysfunctional family, members reject one another and reject themselves.

Maladaptive Roles

Several maladaptive roles exist that may be assumed by members of a dysfunctional family to survive. Not all families have every role at any given time, and roles may be interchanged from time to time. If a role becomes vacant, for whatever reason, another family member may try to fulfill that role. The distinction among roles in a given family may be distinct or diffused and blurred, depending on the family's reaction to the individual maintaining the role. Wegscheider (1981) identified several roles that may be assumed in dysfunctional families.

The Enabler

The enabler is sometimes called **the compensator**. The enabler's function is to adjust things in the family relationship when crisis arises and to provide responsibility. The enabler is most often the spouse or a parent—the family member on whom the substance abuser is most dependent. As the illness grows, so does the involvement of the enabler. As the abuser continues to lose control, the enabler accepts more and more responsibility, makes more and more decisions, and compensates for the abuser's lack of power and control. The enabler sets up a rescue mission, allows the substance abuse to continue and become worse, ignores the basic problem, and saves the abuser from crisis. The

enabler's actions stem from good intentions; it can be a loving thing to do. The enabler's defenses include fragility, self-pity, and manipulation (and he or she tries everything). An enabler usually attempts to maintain some control and, in so doing, he or she may become superresponsible.

The enabler is a very serious individual. There is not much fun in this person's life. Moreover, enablers discover that they are powerless. No matter what they do, the substance abuser continues to abuse. Enablers suffer from repressed emotions, hurt, anger, fear, guilt, and pain. They are hurt because, no matter what they do, the substance abuse does not stop. They get angry at the abuser because he or she continues to abuse. They are afraid. If the enabler is the wife/mother and the chemical dependent is the husband/father, she may fear that he will lose his job and the family will be without income. Enablers feel guilt and powerlessness. They work hard to interrupt the abuse process, and, no matter what they do, it does not stop. They feel pain; they are suffering.

The Family Hero

The **family hero** is usually an adult but can be the oldest child. The family hero's function is to provide self-worth for the family. This is the individual whom other people observe and say: "Yes, there are some good things going on in that family." The family hero understands more than anyone else what is happening in the family and how to remedy it, but the rest of the family refuses to listen. The hero works hard to improve the situation, but as the chemical dependency progresses, the hero is always losing ground and feeling more inadequate.

The family hero's defenses include working hard for success and being superresponsible. This individual puts forth the front of being an "all-together," solid person. The hero is the rallying point for the family when a crisis arises. The principal repressed emotion suffered by the family hero is inadequacy. No matter how great the effort, things get worse, not better, and this is confusing. Family heroes are lonely. They resent their role and become angry at the individual who has forced this role on them.

The Scapegoat

The function of **the scapegoat** is to distract the family focus away from the substance abuser. Often, the scapegoat will be a male child, though not always. The scapegoat defends him or herself with strong peer

identification and withdraws as much as possible from the family. Family experiences are painful, and he or she can receive recognition and reward from the peer group. At home, the scapegoat reacts with sullenness, defiance, and acting-out behavior. He or she may reject the family, and the family may reject him or her in return.

A male scapegoat with a chemically dependent mother often becomes involved in substance abuse. A female scapegoat with a chemically dependent father, on the other hand, may act out sexually. Scapegoats suffer from repressed emotions such as loneliness. The home is not a pleasant place to be, and scapegoats cannot be on the street all the time. Scapegoats also suffer from fear, hurt, anger, and resentment.

The Lost Child

This is a child by definition. The function of the **lost child** is to offer the family relief. The family does not have to worry about the lost child. This child is quiet, aloof, puts distance between him or herself and others, withdraws from the family, and is superindependent. Superindependence can sometimes cause poor schoolwork because this child will not ask teachers for help. The lost child feels rejected. He or she neither gives nor receives much attention. The lost child has learned not to make close connections in the family to avoid being hurt. He or she may spend a lot of time alone, being very busy and very quiet. This is safe because it causes no problems.

The lost child suffers from repressed emotions such as loneliness. He or she has not made personal contact in this family and by not making contact in the family, the lost child has not practiced making friends with other people. Because of his or her inadequacy, the lost child may have no friends outside the family and is unsure about how to develop these friendships. The lost child is hurt and angry because of the isolation forced on him or her by the family and the substance abuser.

The Family Clown

The **family clown** is usually the youngest female child, mostly because nobody else in the family could get away with it. The family clown's function is to provide fun and humor for the family and, by so doing, reduce tension. The family clown's defenses include being supercute and fragile. In their constant effort to alleviate tension, family clowns may become hyperactive, particularly if their efforts are unsuccessful. The

family clown suffers from insecurity, confusion, loneliness, fear, and, at times, resentment. The family clown uses charm and humor to survive in a painful family system.

Therapeutic Issues

There are two distinct therapeutic issues to be addressed when attempting to counsel the dysfunctional family whose dysfunctions are the result of chemical dependency. The first issue is the substance abuse. Little can be done for the family until the abuse is interrupted and the chemically dependent member has entered treatment. This will occur when the pain and suffering experienced by the substance abuser outweigh the perceived satisfaction that continued abuse may bring. Ostracism or the threat of ostracism from the family may be sufficient to force the chemically dependent individual into treatment.

The usual treatment paradigm includes three components. The first is detoxification or removing the addictive substance from the substance abuser's body. Detoxification is followed by treatment, the therapeutic process through which the abuser deals with problems causing the chemical dependency and the problems resulting from the abuse. Finally, the after-care and follow-up phase assist the abuser to maintain a chemically free condition.

The second issue is therapy for the family unit. Family intervention can begin while the chemically dependent member is undergoing treatment, and many treatment facilities have staff members whose primary function is to accomplish this. The desired outcome of this family therapy is the reorganization of the family unit to include the former substance abuser in such a way that the family can address problems in a functional, normal manner.

Phases in Family Therapy

There are four phases encountered in family therapy that may lead to a therapeutic relationship and regeneration of the family unit (Rosenberg, 1981–1982). During the **random** phase, the family may act in an unstructured manner and express hostility. Few, if any, attempts may be made to communicate problems, and there may be denial that interpersonal problems exist.

In the **recrimination** phase, the family involves itself in accusations and counter-accusations. Family members may try to involve the therapist in consensus rather than counseling and have the therapist take one side or the other. Horror stories from the years past may be resurrected to convince the counselor who is right and who is wrong.

From this point, the family quickly enters the **policing** phase, testing the limits the counselor has established, particularly the limits to refrain from references to substance abuse. Therapists who are unable to avoid the traps of the policing phase will lose control of the sessions, and the family will be fixated at this phase and make no further progress.

Finally, in the therapeutic **realization** phase, the chemically dependent individual and the counselor develop a positive relationship, and the family and the substance abuser begin communicating more effectively without reference to drugs/alcohol and their abuse. Attention is focused on family problems and solutions to these problems. During this final phase, the family's task is to develop a positive self-image or an expanded frame of reference. To do this, the family and its individual members will have to deal with a number of feelings and emotions such as confusion, anxiety, frustration, fear, anger, hostility, and resentment. Effective resolution of these emotions is opposed by such conditions as isolation, denial, resistance, and the balance of the status quo. The force field generated by the latter conditions mitigates against the family's attempts to accomplish its task.

The change/growth process for the family is analogous to climbing a flight of stairs and is schematically represented in Figure 1. The task of the counselor is to assist the family to progress from a baseline, consisting of a poor self-image, up the emotional stairway, through the traps of comfort, relief, and satisfaction, to the goal of an expanded frame of reference.

The climb will be difficult to accomplish. The family that has been in a state of disarray and pain for many years may find it difficult to muster the energy required to continue beyond the point of comfort and relief. Failure to do so, however, could result in recidivism by the substance abuser and a return to the baseline by the family.

Guidelines for Counselors

Because every family situation is unique and each therapist is different, there are no "guaranteed" solutions to these intricate family problems.

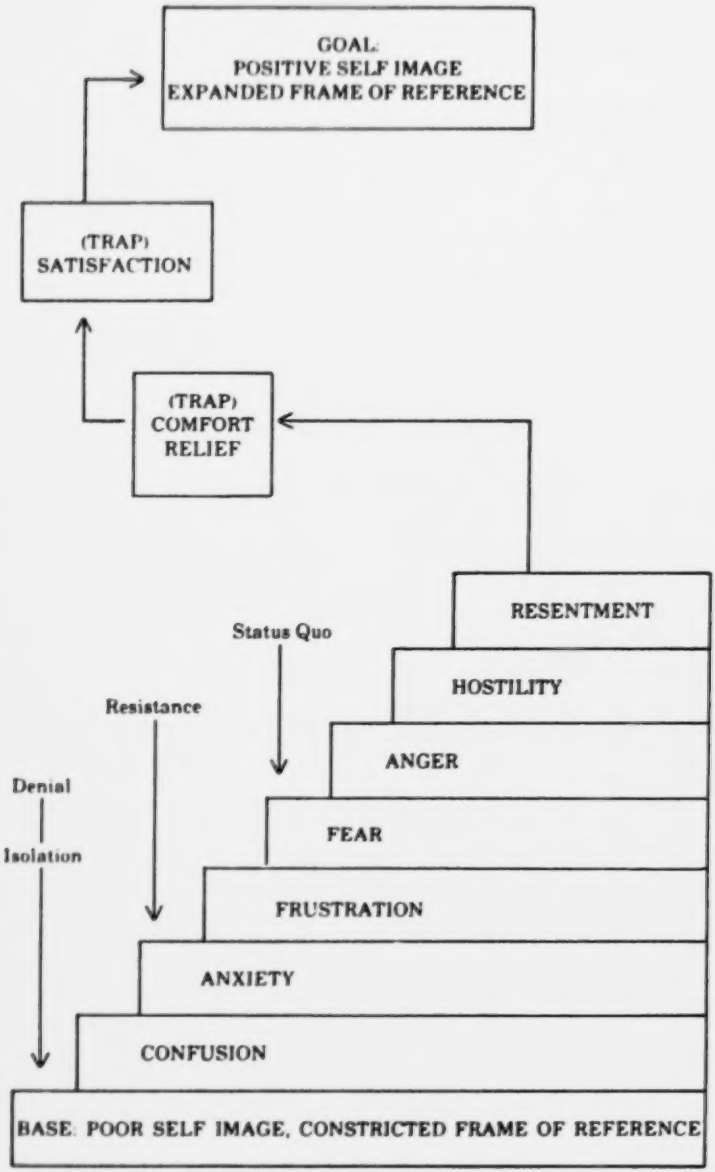

Figure 1
Family Change/Growth Process

There are, however, some guidelines that the counselor can follow when confronted by the chemically dependent family (Wilson, 1981):

1. Listen to all family members.
2. Be aware of other family members' reactions to what is being said.
3. Recognize that chemical dependency is *a* problem, but probably not the only problem.
4. Do not be trapped into validating the chemical dependency as the *only* problem.
5. Do not take sides.
6. Require the family to examine the dynamics in their lives—which roles who assumed.
7. Get each family member to tell how they see themselves and the family.
8. Be constantly looking for rewards and payoffs that family members get from assuming maladaptive roles.
9. Do not assume that the family wants the chemically dependent to stop abusing the drug.
10. Do not project your value system onto the family.
11. Use common sense.

Conclusion

Substance abuse is a family disease. It is a disease that can be treated and reversed, but only when the therapist treats the whole family. Counselors should not become discouraged if, after the first attempt at therapy, nothing much changes. Family members may have a considerable investment in their dysfunctional roles because, for them, these roles have worked. Counselors can assist the family to identify more appropriate roles and more positive problem-solving techniques that allow the family unit to become functional again.

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A Theoretical Rationale for Cross-Cultural Family Counseling

Miguel Arciniega
Betty J. Newlon

Increased technology and shared world problems have forced people to become more involved with each other and to assume a greater responsibility to live together cooperatively. As our society has moved toward the American dream of democracy (If you just work hard you can share in the results afforded by money and achievement), many groups have demanded personal, social, economic, and political equality. As early as 1946 Dreikurs predicted "that women, Blacks and other minority groups would progressively demand equality." These minority groups have become increasingly aware of their rights and privileges and more importantly have become conscious of dominant societies' exclusionary practices.

One result of this increased awareness is that school counselors and mental health workers have become aware of the rights of minorities to have equal access to counseling and psychological care. The community health movement of the 1960s promulgated the philosophy that counseling and mental health are a right and privilege of all citizens, not just the wealthy and the middle class. LeVine and Padilla (1980) state, "the need for culturally relevant therapy has developed and 'pluralistic counseling' is becoming a must for the therapist who intends to provide service in our technological age."

School counselors need to understand not only the culture of the clients they are serving but their history, beliefs, values, and behaviors in a holistic sense. School counselors can no longer operate in a vacuum with individual clients but need to see the totality of a cultural group and its interacting systems. Counselors also need to have an understanding of the process of acculturation along with the individual and family interpretation of the process.

Minority Cultures

Minority cultures, by their very nature, operate from a cohesive psychological family structure in order to maintain their sense of identity. The single most important influence in a person's life is the family. The family socializes children in their own cultural milieu with cultural values imparted to the children through the significant adults and siblings in the family. Children are reared to identify with family, community, and cultural group. In many instances the history of the family is tied to the history of the cultural group and its interaction with other groups. Arciniega, Casaus, and Castillo (1978) have labeled this phenomenon "psychological identity survival and collective cultural identity." When any cultural group experiences oppression, the tendency is to band together and identify more closely with the family and cultural group in order to ensure survival. The sense of self and others becomes very distinct.

Unless we as school counselors assume a posture that integrates certain beliefs about working with minority families, our intervention processes are doomed to fail. The school counselor must understand the differences that exist between the "culture of poverty" and the uniqueness of the culture itself. It is easy to confuse the two because many minority members experience the commonalities manifested by poverty, which consequently become cultural stereotypes.

Minority Processes

The school counselor must be cognizant of the process of acculturation that occurs when minority and majority cultures come in contact. Historically the major culture has viewed the minority culture as inferior and has labeled problems that occur as minority problems rather than problems of interacting cultures. Gordon (1958) indicated that, while individuals may become acculturated, they do not assimilate but retain much of their identity as members of their ethnic group. When the minority culture comes in contact with the majority culture, the belief and value systems of the minority culture are not supplanted but added to in a creative manner. In order to cope with this phenomenon, families are forced to provide survival mechanisms for their members. It is important that school counselors understand that there is no single definition for any cultural minority family. The acculturation process is

unique for each. A large degree of cultural variability exists in minority families who are at various points on a continuum of acculturation dictated by environment, socioeconomic status, and education.

In order to work more effectively with minority families and their variability, it is essential that school counselors move toward working with the system that most influences the development of the individual—the family. The family is where individuals develop a sense of belonging and security, testing their sense of separateness. School counselors cannot hope to effect change unless they can understand the interaction of the individual family, cultural group, and institutions. Understanding alone, however, cannot effect change. Effective intervention requires a belief system that undergirds the family counseling intervention.

Most family counseling interventions are based on the premise that it is not desirable to view a child's problem outside the context of the child's interactions within the family and other networks. These interventions share the ideology that change can best be realized and maintained if modification of the beliefs, attitudes, and behaviors of significant persons or institutions occurs simultaneously with modification of the beliefs, attitudes, and behaviors of the so-called problem child (Okun & Rappaport, 1980).

Counseling Approaches

The major approaches to family counseling are: (a) social learning, including the operant-conditioning and Adlerian approaches; (b) client-centered approaches; and (c) the communication and structural approaches based on systems theory.

While each of these approaches offers viable methods for working with families, most are specific problem-centered approaches with very little attention paid to the sociocultural contact and the system that affects them. The underlying assumption in most counseling approaches requires a "fixing" of the family interpersonal systems. Little note is taken of how the external systems operate on the family and the subsequent cultural interpretations. Of the various counseling approaches that have been examined and analyzed in terms of their applicability to counseling minority families, it is our opinion that Adlerian counseling comes closest to providing a belief system plus a rationale for behavior that encompasses the necessary understanding of minority families in this society.

Adlerians have worked with family dynamics ever since Adler's demonstrations in the child-guidance clinics of Vienna in the 1920s. Adlerians see all problems as social problems, and they assign greater importance to the relationships between people and groups than to what is going on within the individual (interpersonal versus intrapersonal approach). Although family therapy may result in changes in the personal life-style of the various family members, such change is not the primary goal. Adlerian family therapy is aimed at teaching family members how to deal effectively with one another and how to live together as social equals. This aim is accomplished by sharing with the family group the principles of democratic conflict resolution, by reorienting the family members away from destructive modes of communication, and most importantly by teaching all members of the family to be agents of encouragement (Dinkmeyer, Pew, & Dinkmeyer, 1979).

The counseling process in Adlerian theory is an educational process (dysfunctional behavior is seen as a loss of information rather than pathology). The counselor, therefore, includes information regarding sociocultural variables, racism, and economic and acculturation factors when counseling minority families.

Definition of Cross-Cultural Pluralistic Counseling

Levine and Padilla (1980) propose the following definition for counseling in a cross-cultural setting: "Pluralistic counseling is defined as therapy that recognizes the client's culturally based beliefs, values and behaviors that is concerned with the client's adaptation to his or her particular cultural milieu." They go on to say that a pluralistic therapist considers all facets of the client's personal history, family history, and social and cultural orientation. Although this definition implies a one-to-one counseling situation, the definition can be extended to include the whole family and provide a more comprehensive counseling view. Therefore, we propose the following basic Adlerian premises (axioms) of behavior for the cross-cultural, pluralistic counselor working with minority families.

Adlerian Cross-Cultural Premises

1. **Behavior is best understood in a social context.** In order to understand behavior one has to observe the behavior in the context of all

social interactions and systems in which it operates—beginning with the family. The minority family relies heavily on social interaction to survive, and this interaction provides meaning to the activity of the family. The larger social systems of the community affect the family economically, socially, and politically and give impetus to socialization processes that enhance its survival and continuance. Unless the family, and ultimately the individual, is viewed in light of its operation in larger social systems, we cannot hope to understand behavior in a minority family.

Adler believed that human beings had a basic inclination toward being a part of the larger social whole, a need to belong, with a willingness to serve for the betterment of a whole group. Adler called this *Gemeinschaftsgefuel*, social interest (Ansbacher & Ansbacher, 1967).

Minority families in the same sense are striving to belong, to be part of the greater whole. Many minority groups such as Native Americans, Mexican Americans, and Blacks already operate under this framework of social interest within their family value structure.

2. **Behavior is understood in terms of striving for significance.** Adlerian psychology recognizes the family as the first social group in which each individual strives to find a significant place. Once this significance is established, the individual moves toward the goals of significance and recognition as a part of the whole society. Any inferiority feelings are generally the result of "faulty" self or group evaluation.

The striving for significance is in essence a movement toward the achievement of a unique identity. This movement toward significance is the master force behind all individual and collective human activity. For minority families this master force takes on a greater import as the striving for identity is more pronounced and the search for significance is sought in different and unique ways for each individual, family, and cultural group. Although the process is unique for each minority-group family, there is a generic process. Members of the dominant society do not have to strive for significance as an equal group; this contrasts markedly with members of minority groups who give priority to the struggle for equality.

3. **Each individual is considered equal and has value.** The notion of equality in Adlerian psychology is one of the basic tenets of the belief system. "There is an ironclad law of social living—all people are equal" (Dreikurs, Corsini, Lowe, & Sonstegard, 1959). All people are of equal value; therefore, the family and the cultural group have inherent rights to mutual respect and equal treatment. The effect of this egalitarian concept has been evident in minority families. Minority families no longer

tolerate inequality from the dominant society. Traditional counseling approaches have reflected the dominant society's views and as a consequence inadvertently treat minority clients in a patronizing manner under the guise of understanding their problems. Counselors working with minority families need to become aware of this subtle, but still depreciating, approach.

4. **Working with behavior is an educational process.** A basic premise made in this approach is that maladjustment or dysfunctional behavior is based on lack of information or lack of awareness and, given insight and action-oriented information, a family can learn to operate more effectively. The counselor and the family are involved in a mutually beneficial egalitarian process in which the counselor and the families assume a posture of mutual learning.

It is incumbent on the counselor to have some prior understanding of systems interaction in order to impart information about systemic problems so the family can arrive at decisions more effectively and with a greater degree of comprehension. Merton (1957) alludes to this when he emphasizes that it is the individual's relationship to the larger social system that begins to affect the family in developing adaptive coping mechanisms to deal with prescribed goals and behavioral expectations. When a dominant social system prescribes the same goals for all people without consideration of distinctiveness or location of the individual and groups within the social structure, society labels individual responses as maladaptive. Counselors are trained in institutions that are usually microcosms of the dominant society, and they are trained to see maladaptive behavior from one perspective when in fact the responses may be normal for that group's situation. As counselors, we may seek inadvertently to help a minority family move towards a dominant normative tractive response that would be ultimately detrimental for that minority family. A counselor must be prepared to be an advocate for minority families in interpreting and managing the system.

5. **Behavior is a function of perception.** Individuals perceive life subjectively. This view includes the cultural interpretations families make and pass on to their children. This is not to negate each child's own subjective view but to expand the view to include all nuances that are inherent in any cultural group. Therefore, interpretations that are made regarding the systems that affect a particular cultural group and its families are a reality and must be dealt with as such. In order to understand a people's behavior, it is necessary to recognize the significance of the inner, subjective experience of a particular group. It is essential that

the counselor be involved in a continuing process of attempting to see a minority family's collective view and hear the messages the family is hearing. Faulty perceptions are mutually examined, analyzed, and placed in a perspective that provides the family with a more comprehensive and realistic view.

6. **Idiographic versus nomothetic interpretation of behavior.** Behavior is best understood in terms of concrete laws that apply characteristically to specific individuals in relationship to their lifestyles and cultures rather than laws that apply generally but include many exceptions. The nomothetic approach assumes that counseling will have meaning only insofar as it postulates a theory that helps the client to live in a manner that is personally satisfying and socially acceptable (Dinkmeyer et al., 1979). The idiographic view requires the counselor to understand how a minority-group family acquired its beliefs and value system and how the family presently uses this system within its own cultural group and the dominant society. In this way the counselor can understand the way the minority family processes decisions, establishes goals, and sets the values its members live by.

The premise allows the counselor to understand a family's behavior from a particularistic point of view and not to make it fit a particular mold.

7. **Behavior is viewed in terms of use rather than possession.** Behavior is used to reach a person's perceived goal. "One will do that which is most useful or which best accomplishes one's purpose and striving; that which interferes with one's goal is not done" (Dinkmeyer et al., 1979). The important issue is what individuals do with what they have rather than what they possess. Often minority groups are stereotyped and labeled; they come to believe this fiction and use it in counterproductive ways.

Heredity and environment are not static but are combined in a dynamic process. The use that is made of heredity and environment, in a productive manner, is what a counselor needs to emphasize when working with minority families rather than reviewing these aspects as static entities. A family lifestyle is not determined by heredity or environment, but these are simply factors one uses. The counselor is more interested in the family's motivational process than on concrete definitions. Again, the counselor engages in an educational process rather than in a clarification of where the family is at a given moment.

8. **Behavior is seen as a unified whole with unity and patterns.** Behavior cannot be understood unless seen as a unified whole. Although we have designated specific axioms for the purpose of explaining separate parts, these axioms are intertwined and cannot be seen as separate. The relationship of one aspect of behavior to another provides the counselor with insight into individual and family patterns. All behavior must be seen in light of the individual family's cultural lifestyle and more importantly its creatively chosen subjective view. This is why a family's cultural history, values, and beliefs are necessary to understanding the dynamics of the minority family.

Conclusion

We have posed these axioms of behavior from Adlerian theory applied to minority families because we feel they most approximate the belief structure necessary when working in a cross-cultural setting. Specific techniques and approaches would serve no purpose unless the proper belief structure undergirded their implementation. For this reason, we have avoided the traditional "bag of tricks" in favor of proposing a theoretical rationale that we have found effective in working with minority families in schools and counseling centers. We selected this particular theory because of the basic premise of equality that it postulates. It is the only counseling theory that uses this as a basis for counseling.

Some studies have shown that the ethnicity of counselors is not always the significant variable in determining the efficiency of counseling (Atkinson, Maruyama, & Matsui, 1978; Jones, 1978; Ramos, 1981), while other studies have found that ethnicity is a significant factor (Carkhuff & Pierce, 1967; Grantham, 1973; Miranda, Andujo, Caballero, Guerrero, & Ramos, 1976). The conflicting evidence points out the inconclusiveness of research in this area. More importantly, this confusing evidence suggests there are effective counselors who are not of similar ethnic makeup as their clients. Perhaps what is needed is an exploration of counselor effectiveness with minority clients.

Some counselors appear to have enough skill and understanding of minority clients and their backgrounds to be effective. This seems to indicate the existence of a process and an attitudinal mind set, a belief system that projects certain assumptions. We contend that this belief structure and process of understanding are the intervening variables that constitute viable counseling for minority families.

We propose that the process involve the following: (a) confronting and challenging personal stereotypes held about cultural groups; (b) acquiring knowledge and appreciation of a group's culture and, more importantly, the heterogeneous response of the group; (c) understanding of traditional, institutional, dominant society's interaction with minorities and vice versa; (d) first-hand experience with target minority groups; (e) understanding racism and stereotypes; (f) challenging traditional counselor approaches and ability to understand the use of cultural implications; (g) using a culturally pluralistic model in counseling and (h) understanding an underlying set of theoretical assumptions.

Although this process does not necessarily guarantee an effective counseling approach, it does provide the counselor with a foundation that can be used with minority family clients. The use of a pluralistic model with its inherent beliefs will affect not only your minority client families, but also yourself as a person, and the people with whom you are involved.

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